



JUN 25 2004

| | | | | | | | | |
|--|----------------------------------|----------------------|------------------------------------|---|-------------|------------------|-----------------|------------------|
| TRANSMITTAL FORM | | Application Number | | 10/624,164 | | | | |
| | | Filing Date | | July 21, 2003 | | | | |
| | | First Named Inventor | | Omar J. Fakhoury | | | | |
| | | Art Unit | | 3617 | | | | |
| | | Examiner Name | | Russell D. Stormer | | | | |
| Total Number of Pages In This Submission | | 8 | Attorney Docket Number | | 205017-9004 | | | |
| ENCLOSURES (check all that apply) | | | | PETITION FOR EXTENSION OF TIME | | | | |
| <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other: | | | | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a two-month extension of time and pay the fee of \$420.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely. | | | | |
| CLAIMS FEES | | | | | | | | |
| <input checked="" type="checkbox"/> No additional claim fee is required. | | | | | | | | |
| | | | | Small Entity | | Large Entity | | |
| | Claims Remaining After Amendment | | Highest Number Previously Paid For | Extra Claims Present | Rate | Addit. Claim Fee | Rate | Addit. Claim Fee |
| Total | 20 | - | 20 | =0 | x 9= | \$ | x 18= | \$0 |
| Independent | 4 | - | 3 | =0 | x 43= | \$ | x 86= | \$86.00 |
| <input type="checkbox"/> First Presentation of Multiple Claim | | | | | + 145= | \$ | + 290= | \$0 |
| FEES | | | | | | | | |
| <input checked="" type="checkbox"/> Additional Claim Fee | | | | | | | \$86.00 | |
| <input checked="" type="checkbox"/> Extension fee for two-month | | | | | | | \$420.00 | |
| <input type="checkbox"/> Information Disclosure Statement | | | | | | | \$0.00 | |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration | | | | | | | \$0.00 | |
| <input type="checkbox"/> Terminal Disclaimer | | | | | | | \$0.00 | |
| TOTAL FEES | | | | | | | \$506.00 | |
| PAYMENT OF FEES | | | | | | | | |
| <input type="checkbox"/> A check in the amount of \$ is enclosed. | | | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965. | | | | | | | | |
| <input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$506.00. | | | | | | | | |
| SIGNATURE OF ATTORNEY | | | | | | | | |
| Brian J. Lum, Reg. No. 54,282 MICHAEL BEST & FRIEDRICH, LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818 | | | |  Signature Date: 6/25/04 | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | |
| I hereby certify that this correspondence is: <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9306. <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below | | | | | | | | |
| Typed or printed name | | | | Elizabeth M. Campbell | | | Date: 6/25/04 | |
| Signature | | | |  | | | | |

S:\client\205017\9004\C0369881.1

JUN 25 2004

Attorney Docket No. 205017-9004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

In re Application of: Omar J. Fakhoury

Application No. 10/624,164

Filed: July 21, 2003

For: "OUTBOARD RIBBED WHEEL HUB"

Art Unit: 3617

Examiner: Russell D. Stormer

Confirmation No. 6360

I, Elizabeth M. Campbell, hereby certify that this
correspondence is being transmitted via facsimile to
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450, facsimile number (703) 872-9306 on
6-25-04.

Elizabeth M. Campbell
Signature

6/25/2004
Date of Signature

RESPONSE TO OFFICE ACTION OF FEBRUARY 2, 2004

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of February 2, 2004, please amend the application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 3 of this paper.